

REC'D DEC 02 2024

**Important Privacy Notice**

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Zhari J. Walton

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

MONTGOMERY COUNTY  
COMMUNITY COLLEGE

**COMPLAINT**

Jury Trial: ☐ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Zhari J. Walton</u>
	Street Address	<u>7414 GILBERT ST</u>
	County, City	<u>PHILADELPHIA</u>
	State & Zip Code	<u>PA 19138</u>
	Telephone Number	<u>267-539-6721</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name MONTGOMERY COUNTY COMMUNITY COLLEGE  
 Street Address 340 DEKALB PIKE  
 County, City BLUE BELL  
 State & Zip Code PA 19422

Defendant No. 2

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)  
☒ Federal Questions      ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? FDCPA VIOLATIONS AND DEFAULT.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? ON MY CREDIT REPORT

B. What date and approximate time did the events giving rise to your claim(s) occur? BEFORE

10/23/2023

C. Facts: INACCURATE REPORTING ON MY CREDIT REPORT DISPUTE MY PREVIOUS ATTEMPTS TO DISPUTE THE VALIDITY OF THIS DEBT AND REQUEST PROPER VALIDATION, I HAVE NOT RECEIVED A SATISFACTORY RESPONSE FROM MONTGOMERY COUNTY COMMUNITY COLLEGE DISPUTE GIVING OVER 1 YEAR TO RESPOND. THIS HAS PUT THEM IN DEFAULT.

What  
happened  
to you?

Who did  
what?

MONTGOMERY COUNTY COMMUNITY COLLEGE VIOLATED THE FCRA, FDCPA AND BREACHED CONTRACT PRESENTED BY RR308330275US WHICH WAS AGREED APOX 10/3/2023 VIA THE POSTAL RULE.

NO

NO ONE

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. NONE

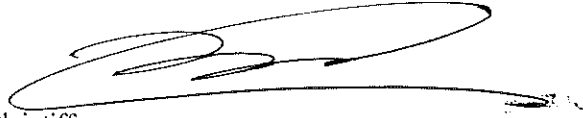
V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I WANT THE COURT TO MAKE THE DEFENDANT  
ADHERE TO THE CONTRACT AND PAY THE INVOICE  
ATTACHED.  
THE BASIS FOR COMPENSATION TOTALING \$5,481,026.40  
IS THE 10 MAXIMS OF COMMERCIAL LAW AND  
THE CONTRACTUAL AGREEMENT BETWEEN BOTH PARTIES.  
NOTICE TO AGENT IS NOTICE TO PRINCIPAL.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2<sup>ND</sup> day of DECEMBER, 20 24.



Signature of Plaintiff

Mailing Address 7414 GILBERT ST  
PHILADELPHIA, PA

19138  
Telephone Number (267)-539-6721

Fax Number (if you have one)

E-mail Address Jahlil0728@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_